

[] Duplicate (check, if applicable)

NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No.: 10816-6US First Named Inventor: Arnon Alexander Express Mail Label No.: EV 199928666US Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

AN AUTOMATIC DEADBOLT MECHANISM FOR A MORTISE LOCK

| which | is: | | | | | | | | | |
|--------|--------------|--|--|--|--|--|--|--|--|--|
| an | { X } | Original; or | | | | | | | | |
| a | [] (| ontinuation, [] Divisional, or [] Continuation-in-part (CIP) | | | | | | | | |
| | of pric | or Application No filed | | | | | | | | |
| | Antici | pated Group/Art Unit: or Class, Subclass | | | | | | | | |
| [] | This n | on-provisional patent application is based on Provisional Patent Application No. | | | | | | | | |
| | | , filed | | | | | | | | |
| Enclos | sed are: | | | | | | | | | |
| | [X] | Specification (including Abstract) and claims: 18 pages. | | | | | | | | |
| | [X] | 11 sheets of drawings (formal). | | | | | | | | |
| | [] | Application Data Sheet. | | | | | | | | |
| | [X] | Newly executed Declaration (copy). | | | | | | | | |
| | [] | Copy of Declaration from prior application. | | | | | | | | |
| | [] | Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable). | | | | | | | | |
| | [] | Microfiche computer program (Appendix). | | | | | | | | |
| | [] | Nucleotide and/or Amino Acid Sequence Submission, including: | | | | | | | | |
| | [] | Computer readable copy [] Paper Copy [] Verified Statement. | | | | | | | | |
| | [X] | Under PTO-1595 Cover Sheet, an Assignment (copy) of the invention, with fee. | | | | | | | | |
| | [] | Name of Assignee: Onity, Inc. | | | | | | | | |
| | [] | Certified copy(ies) of Application No(s) filed is/are filed: | | | | | | | | |
| | | [] herewith or [] in prior application | | | | | | | | |

Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [] an Independent Inventor, or [] a Small Business Concern, or [] a Non-Profit Organization.
[] Preliminary Amendment.
[] Information Disclosure Statement, PTO/SB/08A, and cited references.
[] Request for Nonpublication of Application Under 35 U.S.C. §122(b)

The filing fee is calculated as follows:

Other:

| | | SMALL ENTITY | | | LARGE ENTITY | | | |
|----------------|----------------------------|--------------|---------------------|----|--------------|---------------------|----|--------|
| CLAIMS | CLAIMS NO. FILED NO. EXTRA | | BASIC FEE: \$375 | | | BASIC FEE: \$750 | | |
| Total | 7-20 = | 0 | X9 | \$ | OR | X18 | \$ | 0 |
| Independent | 2- 3= | 0 | X42 | \$ | OR | X84 | \$ | 0 |
| [] Multiple D | ependent Claim | \$140 | \$ | OR | \$280 | \$ | 0 | |
| | | | TOTAL | \$ | OR | TOTAL | \$ | 750.00 |

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$750.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account**No. 50-1017 (Billing No. 210816.0006) as noted below. A duplicate copy of this sheet is enclosed.
 - [X] Any overpayments or deficiencies in the above-calculated fee.
 - [] Filing fee in the amount of \$_____ as calculated above.
 - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
 - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

lugust 26, 2003 By: Osichard a. Woldin

RICHARD A. WOLDIN

Registration No. 39,879

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200 Philadelphia, PA 19103-7013

Telephone: 215-965-1200 Direct Dial: 215-965-1296 Facsimile: 215-965-1210

E-Mail: rwoldin@akingump.com

[X] Customer Number or Bar Code Label: 000570

RAW:hg **Enclosures**